

AMENDED IN SENATE AUGUST 18, 2003

AMENDED IN SENATE JULY 15, 2003

AMENDED IN ASSEMBLY JUNE 2, 2003

AMENDED IN ASSEMBLY MAY 6, 2003

AMENDED IN ASSEMBLY APRIL 10, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

ASSEMBLY BILL

No. 1220

Introduced by Assembly Member Berg
(Principal coauthor: Assembly Member Cohn)

(Coauthors: Senators Aanestad, Alarcon, Chesbro, Florez, Kuehl,
Ortiz, Romero, Vasconcellos, and Vincent)

February 21, 2003

An act to add and repeal Section 104141 of the Health and Safety Code, relating to disease prevention.

LEGISLATIVE COUNSEL'S DIGEST

AB 1220, as amended, Berg. Cardiovascular disease.

Existing law requires the State Department of Health Services to administer various programs related to disease prevention and health promotion, including a program for the control of high blood pressure.

This bill would create the Cardiovascular Disease and Stroke Prevention and Treatment Task Force within the department. The task force would be composed of 12 members, as specified, and would be required to perform a number of duties, including the creation of a Cardiovascular Disease and Stroke Prevention and Treatment State

Master Plan. This bill would require the task force, by November 1, 2005, to submit the master plan to the Legislature, the Governor, and the department. This bill would also make implementation of its provisions contingent upon the receipt of private funding *in an amount sufficient to fund the entire cost of the operation of the task force and costs associated with completing the requirements imposed by this bill.* ~~The~~ These provisions of ~~this bill~~ would become inoperative March 1, 2006, and would be repealed January 1, 2007.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
2 following:
- 3 (a) Cardiovascular disease is the number one cause of death and
4 disability nationally.
- 5 (b) Heart disease alone is the number one killer, and stroke is
6 the number three killer, of Californians.
- 7 (c) More people die each year of cardiovascular disease than of
8 the next five leading causes of death combined.
- 9 (d) This year the economic burden on the nation due to
10 cardiovascular diseases and stroke is estimated to be over three
11 hundred and fifty billion dollars (\$350,000,000,000).
- 12 (e) A cardiovascular disease and stroke prevention and
13 treatment state master plan is needed to reduce the morbidity,
14 mortality, and economic burden of cardiovascular disease and
15 stroke in the state. A master plan is a vital step ~~towards~~-toward
16 enabling the state to draw down needed federal funds for future
17 activities in this area.
- 18 SEC. 2. Section 104141 is added to the Health and Safety
19 Code, to read:
- 20 104141. (a) The Cardiovascular Disease and Stroke
21 Prevention and Treatment Task Force is hereby created in the
22 department.
- 23 (b) The task force shall be comprised of 12 members, as
24 follows, who have demonstrated interest in cardiovascular disease
25 or stroke:
- 26 (1) Three members appointed by the Speaker of the Assembly,
27 as follows:

1 (A) One member representing a volunteer health organization
2 dedicated to research and prevention of cardiovascular disease and
3 stroke.

4 (B) One practicing physician with expertise in research,
5 prevention, or treatment of stroke victims.

6 (C) One hospital administrator.

7 (2) Three members appointed by the Senate Committee on
8 Rules, as follows:

9 (A) One representative of a population disproportionately
10 affected by cardiovascular disease and stroke.

11 (B) One practicing physician with expertise in research,
12 prevention, or treatment of cardiovascular disease.

13 (C) One representative of a health care organization.

14 (3) Six members appointed by the Governor, as follows:

15 (A) One heart disease survivor.

16 (B) One stroke survivor.

17 (C) One registered nurse.

18 (D) One representative of a local health department.

19 (E) One member of a university facility with expertise in
20 programs intended to reduce the rate of cardiovascular disease and
21 stroke.

22 (F) One registered dietitian with experience in population
23 based programs.

24 (c) (1) Members of the task force shall be appointed on or
25 before March 1, 2004.

26 (2) Members shall serve without compensation, but shall be
27 reimbursed for necessary travel expenses incurred in the
28 performance of task force duties.

29 (3) On or before June 1, 2004, the task force shall meet and
30 establish operating procedures.

31 (4) A majority of the task force shall constitute a quorum for the
32 transaction of business.

33 (5) The task force shall be headed by a chairperson, selected by
34 the task force from among its members.

35 (d) The duties of the task force shall include, but not be limited
36 to, all of the following:

37 (1) Creating a comprehensive Cardiovascular Disease and
38 Stroke Prevention and Treatment State Master Plan that contains
39 recommendations to the Legislature, the Governor, and the
40 department. The master plan shall address changes to existing law,

1 regulations, programs, services, and policies; for the purpose of
2 improving cardiovascular disease and stroke prevention and
3 treatment in the state.

4 (2) Synthesizing existing information on the incidence and
5 causes of cardiovascular disease and stroke deaths and ~~risks~~ *risk*
6 *factors* to establish a profile of these deaths and ~~risks~~ *risk factors*
7 in the state for the purpose of developing the master plan.

8 (3) Publicizing the profile of cardiovascular disease and stroke
9 ~~deaths and risks and their preventability in the state.~~ *deaths and*
10 *persons at risk in the state, and methods of prevention of*
11 *cardiovascular disease and strokes.*

12 (4) Identifying priority strategies that are effective in
13 preventing; and controlling, and treating ~~risks for~~ *persons at risk*
14 *of*, cardiovascular disease and stroke.

15 (5) Receiving and considering reports, data, and testimony
16 from individuals, local health departments, community-based
17 organizations, voluntary health organizations, and other public
18 and private organizations statewide in order to assess opportunities
19 for collaboration, as well as to identify gaps in cardiovascular
20 disease and stroke prevention and treatment in the state.

21 (e) On or before November 1, 2005, the task force shall submit
22 its plan to the Legislature, the Governor, and the department. Prior
23 to issuing the plan, the task force may issue recommendations, as
24 it deems necessary. Once the plan is submitted, the task force may
25 revise and update the plan as necessary due to medical advances
26 or other relevant information.

27 (f) The department shall provide staff support to the task force,
28 and may apply for, accept, and spend any grants and gifts from any
29 source, public or private, to support the requirements of this
30 section.

31 (g) Implementation of this section shall be contingent upon the
32 receipt of private funding; *in an amount sufficient to fund the*
33 *entire cost of the operation of the task force and costs associated*
34 *with completing the requirements imposed by this section.*

35 (h) This section shall become inoperative on March 1, 2006,
36 and, as of January 1, 2007, is repealed, unless a later enacted
37 statute, that becomes operative on or before January 1, 2007,

- 1 deletes or extends the dates on which it becomes inoperative and
- 2 is repealed.

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